

CERTIFICATE OF DEATH/STATE OF GEORGIA		Birth Number	Loc File Number	DATE OF DEATH (Mo. Day. Year)
DECEDENT'S NAME (First, Middle, Last)				
James Joseph Brown				
1a	PLACE (White, Black, Amer Indian, etc.) (Specify)	ORIGIN OF DECEDENT (Native, Non- French English, etc.)		COUNTY OF DEATH
4	Black	American		Fulton
5	CITY, TOWN or LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION NAME (If not in other, give street and No.)		
6	Atlanta	Emory Crawford Long Hospital		
7a	STATE AND COUNTY OF BIRTH (If not in USA, name Country)	CITIZEN OF WHAT COUNTRY?	AGE - Last Birthday (Year)	UNDER 1 YEAR
8d	SC, Barnwell	USA	5 - 3 - 1933	73
9a	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	KIND OF INDUSTRY OR BUSINESS	
10a	RESIDENCE - STATE	CITY, TOWN or LOCATION	STREET AND NUMBER AND ZIP CODE	INDEED CITY LIMITS? (Yes or No)
11a	SC	Aiken	4 30 Douglas Dr	Yes
12a	FATHER'S NAME	MOTHER'S MATURE NAME	RELATIONSHIP	
13a	Joseph Brown	Susie Behling	Daughter	
14a	INFORMANT'S NAME: First	MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip)		
15a	Yamma Brown Lummar	CEMETERY OR CREMATORIUM NAME		
16a	BURIAL, CREMATION, REMOVAL (Specify)	DISPOSITION DATE (Mo. Day. Year)	430 Douglas Dr.	
17a	Burial	12 - 30 - 06		
18a	FUNERAL DIRECTOR (Signature)	FUN DIR. LICENSE NO.	NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)	EST. LICENSE NO.
19a	C. A. Reid	3128	Atlanta, GA 30305	1319
20a	T. Reid	3532	Beech Island, SC 29842	
21a	EMBALMER (Signature)	EMBALMER LICENSE NO.		
22a	DATE OF OPERATION (Mo. Day. Year)	DATE OF INJURY (Mo. Day. Year)	DETERMINE HOW INJURY OCCURRED	
23a	DATE OF DEATH (Mo. Day. Year)	DETERMINE HOW DEATH OCCURRED		
24a	ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)	CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)		
25a	INJURY AT WORK? (Yes or No)	PLACE OF INJURY (Home, Farm, Street, Factory, Office) (Specify)	LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)	
26a	DATE SIGNED (Mo. Day. Year)	DATE OF DEATH	HOUR OF DEATH	HOUR OF DEATH
27a	INJURY AT WORK? (Yes or No)	DETERMINE CONDITIONS contributing to death but not related to cause given in Part 1A (If homicide indicate if perpetrator or victim accounted within 60 days of death)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)	DATE SIGNED (Mo. Day. Year)
28a	Diabetes Mellitus	No	NO	
29a	DATE OF DEATH (Mo. Day. Year)	DATE OF INJURY (Mo. Day. Year)	DATE OF DEATH	
30a	DATE PRONOUNCED DEAD (Mo. Day. Year)	DATE PRONOUNCED DEAD	DATE PRONOUNCED DEAD	
31a	NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) REGISTRAR (Signature)	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	NAME OF ATTENDING PHYSICIAN	
32a	DATE SIGNED (Mo. Day. Year)	DATE SIGNED (Mo. Day. Year)	DATE SIGNED (Mo. Day. Year)	
33a	DATE OF DEATH	HOUR OF DEATH	HOUR OF DEATH	
34a	DATE PRONOUNCED DEAD	DATE PRONOUNCED DEAD	DATE PRONOUNCED DEAD	
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"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN FULTON COUNTY,
GEORGIA.

Kathleen McGinnis

Filed: 1-18-2007 Signed By:
Sue H. Roe
Judge of Probate
By: 2/19/07 Michael J. Murchison

BASmith
1/12/2007